OIPE JC41
SEP 09 2003
PATENT & TRADEMARK OFFICE

PATENT
450100-02515

8/A 44
J. Douglas
9/22/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)	:	Toru Mineyama
Serial No.	:	09/577,922
For	:	RECEIVER
Filed	:	May 24, 2000
Examiner	:	Michael W. Hoye
Art Unit	:	2614

RECEIVED
SEP 0 9 2003
Technology Center 2600

745 Fifth Avenue
New York, NY
10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Mail Stop Non-Fee Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**, on September 5, 2003.

Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative

Signature

September 5, 2003

Date of Signature

AMENDMENT

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated June 5, 2003, please amend the above-referenced application as follows:

IN THE TITLE

Please change the title from "RECEIVER" to --A RECEIVER FOR FACILITATING THE VIEWING OF PROGRAMS BY A USER--.

A' cancl.

OIPE JC41
SEP 08 2003
PATENT & TRADEMARK OFFICE

PATENT
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ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

X No additional fee is required.

__ The fee has been calculated as shown below.

__ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	8	Minus	= 20	0 ×	$18(9)	= $00.00
Independent claims	1	Minus	= 3	0 ×	$84(42)	= 00.00
			Total additional fee for this amendment			$00.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

__ This application contains a multiple dependent claim. The required fee of $280 ($140) has been previously paid __, or is paid herewith __.

__ This response is being filed within the _ first month, _ second month, __ third month, _ fourth month following the expiration of the term originally set therefor, and the fee of _ $110 ($55), _ $410 ($205), __ $930 ($465), _ $1,450 ($725) for the requisite extension is due and __ paid herewith.

__ A check in the amount of $.00 is attached.

__ Charge $__ to Deposit Account No. 50-0320.

X Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Mail Stop Non-Fee Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**, on September 5, 2003.

Dennis M. Smid, Reg. No. 34,930
Name of Applicant, Assignee or Registered Representative

Signature

September 5, 2003
Date of Signature

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)

By: Dennis M. Smid
Reg. No. 34,930
Tel. (212) 588-0800